



UNIFORM COMPLAINT REPORT

USE BLACK INK ONLY

RETURN TO ♣ STATE BOARD OF COSMETOLOGY  
3605 MISSOURI BLVD.  
POST OFFICE BOX 1062  
JEFFERSON CITY, MO 65102-1062

Missouri Statutes 565.060 — False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. **TYPE OR PRINT**

YOUR NAME (FIRST, MIDDLE INITIAL, LAST)	TELEPHONE (BUSINESS) (      )	TELEPHONE (HOME) (      )
ADDRESS (STREET, CITY, STATE, ZIP CODE)		YOUR OCCUPATION
CONTACT (OTHER THAN YOURSELF) NAME (FIRST, MIDDLE INITIAL, LAST)		TELEPHONE (      )

SUBJECT OF COMPLAINT

NAME (OF PERSON AND/OR COMPANY)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER (      )	OCCUPATION	LICENSE NO. (IF KNOWN)
1. HAVE YOU CONTACTED SUBJECT CONCERNING COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE ► _____	4. ARE THERE DOCUMENTS ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. HOW LONG HAVE YOU KNOWN PERSON COMPLAINED ABOUT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE ► _____	5. ARE THERE DOCUMENTS TO FOLLOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. ARE THERE DOCUMENTS INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. HAS A LAWSUIT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PRIVATE ATTORNEY (IF APPLICABLE)		
ADDRESS		TELEPHONE NUMBER (      )

WITNESSES - FULL NAME	ADDRESS

GIVE FULL DETAILS OF YOUR COMPLAINT. (Include facts, details, dates. Please attach any pertinent or relevant documents, records, correspondence, etc.) Use additional sheets if necessary.


MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF COMPLAINANT ►	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR OFFICE USE ONLY						
COMPLAINT NO.	COMPLAINT DATE	TYPE OF COMPLAINT	COMPLAINT ACK.	SENT TO ATTORNEY	SENT TO BOARD	REFERRED TO INVEST.
REFERRED TO ATTORNEY	REF. TO ADM. HEARING	DISPOSITION	DISPOSITION DATE	ADVISED OF DISPOSITION	APPEAL DATE	DISPOSITION